



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER DIVISION
29 HAZEN DRIVE, P.O. BOX 95
CONCORD, NEW HAMPSHIRE 03301-0095
(603) 271-2858

**DISCHARGE WELL & FLOOR DRAIN
PRE-CLOSURE NOTIFICATION FORM**

This form should be submitted to DES 30 days prior to floor drain or discharge well closure

Facility Information:

Facility Name: _____
Address: _____
Property Deed Reference Book: _____ Page: _____ Tax Map: _____ Lot #: _____
City: _____ State: _____ Zip: _____

Facility Owner Information:

Owner Name: _____ Phone Number: (____) _____ - _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Property Owner Information (complete only if different from facility owner)

Owner Name: _____ Phone Number: (____) _____ - _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Contact Person Information (complete only if different from facility owner)

Name: _____ Phone Number: (____) _____ - _____

Type of Discharge Well(s): ☐ Drywell ☐ Septic Tank ☐ Cesspool
☐ Leachfield ☐ Other _____

Type of Wastewater Discharge: _____

Total No. of Discharge Wells: _____ Years in Existence: _____

Average Flow (gallons per day): _____ Proposed Date of Closure: _____

Describe Method of Closure: _____

Note: Discharge wells must be closed in a manner that will not allow the movement of fluids containing any contaminant into the groundwater. Additionally, you must dispose or otherwise manage any soil, gravel, sludge, etc. or other material(s) removed from and/or adjacent to your discharge well in accordance with all federal, state and local regulations and requirements.